

**Declaration and Power of Attorney
Under Patent Cooperation Treaty
35 USC §371(c)(4)**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are named below) of the invention entitled: LIQUID CRYSTAL DISPLAY PANEL

described and claimed in the international application number PCT/JP01/02969 filed April 5, 2001
and as amended on _____ (if any), the specification and claims of which I have reviewed and understand
and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

Japanese Patent Application No. 2000-103038 filed April 5, 2000

Japanese Patent Application No. 2000-326584 filed October 26, 2000

(3) The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the patent office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; Lawrence D. Eisen, Reg. No. 41,009.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO:
PARKHURST & WENDEL, L.L.P., 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA 22314-2895, TELEPHONE (703) 739-0220.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3. Full Name of Sole or First Inventor Tetsuo FLUKAMI
Given Name Middle Initial Family Name
- *4. Inventor's Signature Tetsuo Fukami
- Date of Signature Nov. 1 2001
Month Day Year
6. Residence Moriguchi-shi Osaka JAPAN JPX
City State or Province Country
7. Citizenship Japanese
8. Post Office address 2-12-26, Yagumonakamachi, Moriguchi-shi, Osaka 570-0005 JAPAN
(Insert complete mailing address, including country)

*IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒.

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3 Typewritten Full Name of
Second Joint Inventor (if any) 2-00

Katsuhiko

KUMAGAWA

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Katsuhiko

Kumagawa

5 Date of Signature

November

/

2001

Month

Day

Year

6 Residence

Neyagawa-shi

Osaka

JAPAN

JPX

City

Japanese

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

9-14-302, Midorimachi, Neyagawa-shi, Osaka 572-0022 JAPAN

3 Typewritten Full Name of
Third Joint Inventor (if any) 3-00

Hiroynuki

YAMAKITA

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Hiroynuki

Yamakita

5 Date of Signature

November

/

2001

Month

Day

Year

6 Residence

Osaka-shi

Osaka

JAPAN

JPX

City

Japanese

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

1-8-33-1113, Imazukita, Tsurumi-ku, Osaka-shi, Osaka 538-0041 JAPAN

3 Typewritten Full Name of
Fourth Joint Inventor (if any) 4-00

Masanori

KIMURA

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Masanori

Kimura

5 Date of Signature

November

/

2001

Month

Day

Year

6 Residence

Daito-shi

Osaka

JAPAN

JPX

City

Japanese

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

19-401, Shinmachi, Daito-shi, Osaka 574-0037 JAPAN

3 Typewritten Full Name of
Fifth Joint Inventor (if any) 5-00

Michiko

OKAFUJI

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

Michiko

Okafuji

5 Date of Signature

November

/

2001

Month

Day

Year

6 Residence

Katano-shi

Osaka

JAPAN

JPX

City

Japanese

State or Province

Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

3-40-9, Moriminami, Katano-shi, Osaka 576-0031 JAPAN

Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

*This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

PAGE 3 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3 Typewritten Full Name of ⁶⁻⁰⁰ ~~Second~~ Joint Inventor (if any) Satoshi ASADA
Sixth Given Name Middle Initial Family Name

*4 Inventor's Signature Satoshi ASADA

5 Date of Signature Nov. 1, 2001
Month Day Year

6 Residence Kanazawa-shi Ishikawa JAPAN JPX
City State or Province Country

7 Citizenship Japanese

8 Post Office Address 3-182-202, Magae, Kanazawa-shi, Ishikawa 921-8141 JAPAN
(Insert complete mailing address, including country)

3 Typewritten Full Name of ~~Third~~ Joint Inventor (if any) _____
Seventh Given Name Middle Initial Family Name

*4 Inventor's Signature _____

5 Date of Signature _____
Month Day Year

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, including country)

3 Typewritten Full Name of ~~Fourth~~ Joint Inventor (if any) _____
Eighth Given Name Middle Initial Family Name

*4 Inventor's Signature _____

5 Date of Signature _____
Month Day Year

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, including country)

3 Typewritten Full Name of ~~Fifth~~ Joint Inventor (if any) _____
Ninth Given Name Middle Initial Family Name

*4 Inventor's Signature _____

5 Date of Signature _____
Month Day Year

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, including country)

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.